



Media/ Photo Waiver (choose one and sign)

___ I hereby **authorize and give my full consent** to the Camp River Run team and its associates to copyright and/or publish any and all photographs, videotapes and/or film in which my child appears while attending any Camp River Run activity or event. I further agree that Camp River Run may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations

___ I **do not give my consent** to Camp River Run to copyright, publish, transfer or otherwise use any photographs, videotapes or films in which myself or my child appear while attending any Camp River Run activity and/or event.

_____ X _____ Date _____
Printed name of Parent/Guardian Signature of accompanied printed name

Authorization for Emergency Medical Treatment (choose one and sign)

___ I hereby authorize Camp River Run, into whose care and the participant has been entrusted, to consent to any medical or surgical diagnosis or treatment and/or hospital care or be render to the participant upon the advice of any licensed physician and/or similarly licensed medical personal and/or dentist. It is understood that this authorization is given in the advance of any required diagnosis. Treatment of hospital care. It is also understood that I will be held responsible for any expenses incurred during medical treatment of the participant.

___ I do not give my permission for emergency medical treatment or aid in the case of illness or injury during the process of participating in Camp River Run in any event and activity.

Participant's Name: _____

Emergency contact

Name _____ Relationship _____

Phone # _____

Insurance provider _____ Policy # _____

_____ X _____ Date _____
Printed name of Parent/Guardian Signature of accompanied printed name